1 of 12



# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

	(::000::::			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Filer Identification Number	75	Report Filed By ( Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee	3.	Frends	of Tela f	SISINCE	TOTAL CARREST SPRAGE (CONT. TOTAL CARREST SPRAGE CONT. TOTAL CARREST SPRAGE
Lobbyist Street Address			× 1981	1.211.70	
City		1100106	State 2/2	Zip Code /65	7.)-
Type of Report (Place x und					, ,
			<sup>ng</sup> Friday 6-30 Day Pe	ost 7- Annual Special 2	"Friday Special 30 Day
	day 3-30 Day Post 4 any Primary 1		Election Election	Pre-Elect	
Date Of Election (MM/DD/YYYY)	11/07/00	Year S	Amendmen Report	t Terminal Report	ion
Summary of Receipts and	From Date	To Date		For Office Use	Only I have a second
Expenditures	11/28/201	12/3/1	2017		
A. Amount Brought Forwa		\$ 53,3:		i (1940) de 1945 - 1945 - 1945 - 1945 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - A	. 2
B. Total Monetary Contrib	utions and Receipts		CSO		2018 J
(From Schedule I) C. Total Funds Available		\$ 500	770	-(6	
(Sum of Lines A and B)  D. Total Expenditures		5 7 7 6	7,70	•	<u> </u>
(From Schedule III)		7,70	0.50		* ************************************
E. Ending Cash Balance (Subtract Line D. from Line	c)	\$ 48,8,	31.20		record  1 5
F. Value of In-Kind Contrib (From Schedule II)	outlons Received	\$	$\circ$		7
G. Unpaid Debts and Oblin	gations	\$64,87	19.12		
(From Schedule IV)			Affidavit Section		
Part 1- If this is a Committee	report, treasurer sign he	re. If this is a <b>Candida</b>	ite report, candidate sign h	ere. wledge and belief true, correct	and complete
Sworn to and subscribed before		ned scriedules on par	Jer, is to the best of my kind		f
l		. '1	Thomas	r Ce Terollete	<u>u</u>
Janet L. Se	aman		— The h	ture of Person Sulpmitting/repor	<u> </u>
Signature		onia . Moteru Seel	814	Printed Name	756
My Commission exp Comm	BILL OF BUILDING VR	iolary . com	Area Code	Daytime Telep	hone Number
Part II- if this is a repprivity a	Erie Cour	Dec. 20 2001	shall sign here.		
I swear (or affirm) that to the amended.	वस्त्रामा आठाव्यक्षकां सम्बद्ध	All Halial His politica	committee has not violate	d any provisions of the Act of Ju	une 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before	are me this		1/ " "	0	
3/57 day of JAnu	<u>_</u>	• 1	John W	i Numir	
Danit 1 S	Maron a	-   ,	(/ 5/1)	Signature of Candidate	
Signature		· .	D/IT	Printed Name	1782
My Commission expires	), DAY YR.	<u>-</u>	K17 Area Code	Daytime Teleph	one Number
Commonwealt	n of Pennsylvania - N Seaman, Notary	ptary Seal Public			
1	Erie County	l l			
My commiss Commis	sion expires Dec. 1 sion number 114	3143			

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

20F12

Filer   dentification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	) \$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0,00
Total for the reporting period (2)	) \$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0,00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	) \$	280,50
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Caver Page, Item B)	\$ \$	280,50 280,50

#### PART A

### **Contributions Received From Political Committees**

 $$50.01\ TO\ $250.00$  Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

3 of 12

a garage estate antique estat estat de la composition de la composition de la composition de la composition de	g objection Berg Springer grower			Amount
Full Name of Co	intributing		Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address		Date [MM/DD/YYYY] \$	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
146.7 1768.53				
Full Name of Co Committee	intributing	$\chi$	Date [MM/DD/YYYY] \$	
House#	Street Address	\lba	Date [MM/DD/YYYY] \$	
				<del></del>
City	State	Zip-Gode	Date [MM/DD/YYYY] = \$	•
Full Name of Co	ontilouting -		Date [MM/DD/XYYY] \$	
Committee				
House#	Street Address	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	_ Date [MM/DD/YYYY] \$	
		(Cl.)	2)	
City	State	Zip Code	Date [MIM/DD/YYYYY] \$	<del></del>
	A. T. S.			
Full Name of Co	intributing		Date [MM/DD/YYYY] \$	
Committee			Date (MM/DD/YYYY) \$	
House#	Street Address	,	pate/[MM/DD/YYYY] \$	
**************************************	State	Zip Gode	Date [MM/DD/YYYY] \$	
City	) iate			
Full Name of Co			Date (MM/DD/YYYY) S	
Committee				
House#	Street Address		Date [MM/DD/YYYY]   \$	
			**************************************	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Co			Date [MM/DD/YYYY] 5	
Committee	84. 1274 (19. 1944) 14. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Madadill .				

#### PART B

#### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

4 of 12

Filer identification Number:		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
	Date [MM/DD/YYYY]   \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address / ( )	Date [MM/DD/YYYY] \$	
	Date [MM/DD/YYYY] \$	
	Date [MIM/DD/YYYY] : \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City. State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/0D/YYYY] \$	
City State Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

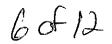
Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

50f12

Full Name of F.	Date (MM/JDD/MMY)
Contributing Committee	
House# Street Address	Date [MM/DD/YYYY] \$
City Zip Gode	Date [MM/DD/YYYY] -   \$
Full Name of	Date [MIM/DD/YYYY]
Contributing Committee	
House# Street Address	Date [MM/DD/YYYY] - \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MIVI/DD/YYYY]    \$
Full Name of Contributing Committee	Date [MIM/DD/YYYY] S
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
City Zip Code	
Full Name of	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] 3
City State Zip Code	Date [MM/DD/YYYY] \$
City State Zip Gode:	

## PART D All Other Contributions

Over \$250.00



Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor	Date [MM/DD/YYYY] \$
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address /	Occupation
Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
City State Zip Code	Date [MM/DD/YYYY] ; \$
Employer Name	Occupation .
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$.
City State Zip Code	Date [MIV/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	

## PART E Other Receipts

7 of 12

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

	TRACE				
Full Name	1		A ( 1.1		
	1 (SPati	CAMDI	INU SYSE	EMS .	
House # 3670	Street Address	2) Let 11 H	1 Chrost		
City City	(3000)	State	Zip	in-test (avitor) (in the Avenue	1.4.4
CITY .	Car	100 ch	1 code /65	Date [MM/DD/YYYY	1 960 -0
	torie	1/1	100	6 12/12/17	280,50
Receipt Description	Obsel B	A CCII	-2/0/-//	;d-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	* Check#	1133 D	eclared Le	)) r	
Full Name					
House#					
поизе#	Street Address				
City	A STATE OF THE STA	State	Zip	Date [MM/DD/YYYY	<b>]</b>
			Code	*	
Receipt Description	48.8				
Receipt Description					
Full Name					
A CANADA TO THE PARTY OF THE PA					
House#	Street Address				
City		State	Zip	Date (MM/DD/YYYY	<u>]    </u> \$.
			Code		
Receipt Description					
Full Name					
Full Hailie					
House #	Street Address		11 M A A A A A A A A A A A A A A A A A A		•••
	A militaria di Cara				
City - 10 in the second		State	Zip	Date [MM/DD/YYYY	<u>]                                    </u>
			Code		
Receipt Description					L#X 8 8 8
Full Name					
House #	Street Address				
City		State	Zip	Date MM/DD/YYYY	]   \$
City of the second one of the second of the			Code		
Receipt Description		Indicariant (1979)	4-119-1100prompts-000205555		- Andrews
Full Name					
11-1-1					
House#	Street Address				
City		State	Zip	Date [MM/DD/YYYY	T S
			Code		25.00 3.10 4.10
Receipt Description					
vareiht nescuhtion					
	EXPRISES.				7.50

#### SCHEDULE II

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### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN KIND CON	TRIBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$ 0	
2. IN-KIND CONTRIBUTIONS	RECEIVED VALUE OF \$50.0	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$ 0	
3. ×in-xind-contribution r	ECEIVED VALUE OVER \$250	DOC (FROM PART G)	
TOTAL for the reporting period	(3)	\$ 0	
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item F	Is from boxes 1, 2, and 3; a		

### SCHEDULE II PART F

### **In-Kind Contributions Received**

90f12

VALUE OF \$50.01 TO \$250

File (definition) numbers	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]   \$
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Gode/	Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	Date [MIM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Gode	Date [MM/DD/YYYY] \$
Description of Contribution	<b>高級</b>
Full Name of Contributor	Date [MM/DD/YYYY] \$
	(d)
House # Street Address	Date [MM/DD/YYYY] \$
City. Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	N1(200013)
Full Name of Contributor	Date [MM/DD/YYYY] \$
	<b>建</b> 有花
House# Street Address	Date [MM/DD/YYYY] 3
City State Zip Code	Date [MM/DD/YYYY] \$
	TO SELECT TO POST TO TO SELECT TO SE
Description of Contribution	

## SCHEDULE II Part G

### **In-Kind Contributions Received**



VALUE OVER \$250

Filer Identification Number;			
	<del></del>	 · · · · · · · · · · · · · · · · · · ·	
and the second s			

Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code:	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City. Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code Employer Name	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business	Description of Contribution

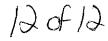
# Statement of Expenditures

Filer Identification Number:

To Whom Paid	Date [MW/DD/YYYY] . \$
JPT FEE FTIRAL	11/30/2017 (,500
House # 3151 Street Address Nest 254 Street	Description of Expenditure
City Erre PA Zip Code 16506	Political Diecter Services
To Whom Paid Creable Imprint Systems	Date [MM/DD/YYYY] \$ 280.50
House # 2670 Street Address (1) PSHITH Street	Description of Expenditure
City Erre State PA Zip Code /GSCS	T-Shirks; replaces expense fra
To Whom Paid Jezree Frem	Date [MM/DD/YYYY] \$ /50,00
House # 3151 Street Address / Jest 25th Stock	Description of Expenditure
City Eric State PA Zip Code 16506	Political Director Jonie
To Whom Paid Jerre Friend	Date [MM/DD/YYYY] \$ 1,500.0
House # 3151 Street Address West 254 Street	Description of Expenditure
City Eine State PA Code 16505	Petrocal Director Senson
Fo Whom Paid	Date [MM/DD/YYYY] 5
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	

6/25/

# SCHEDULE IV Statement of Unpaid Debts



Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor	Red Maverick Media, LC	Outstanding Balance of Debt
4 4	Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
403	N. Second Street 10/31/2017	(A) (A) (A)
City	State C Zib	52,000.∞
	Martishers, PA Gode 1/101	
Description of Debt	Media Buy	
Name of Creditor		Outstanding Balance of Debt
House # Stre	Red Maverick Media LLC  BEADDIESS DATE DEBT INCURRED	e produce a la libera de la competición.
403	N. Second Street IMM/DD/YYYY)	
	116/2017	8,200,00
City	Harrisburg State PD Gode 1719	0,200.00
Description of Debt	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
	Personger for Mayor Facebook Can	YOU CA
Name of Creditor	Infinity Resources, Inc.	Outstanding Balance of Debt
House# Stre	at Address Date Debt Incurred	\$
720	Nevada Dino (MM/DD/YYYY)	
/ -	11012011	2,839,18
City	Ere State PA Code MSCS	
Description of Debt	Bet Out The Vote Telephone Calls	22.2
Name of Creditor		Outstanding Balance of Debt
	John Persinser	Outstanding balance of Deut
	at Address State Street DATE DEBT INCURRED [MM/DD/YYYY]	
100	Sure 700 11/6/2017	1,839.94
City	State DI Zip 1/ Cre	1,00,
Description of Debt		E
	Facebook Howertasing	
Name of Creditor		
Name of Creditor		Outstanding Balance of Debt
		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
	et Address DATE DEBT INCURRED [MIVI/DD/YYYY] State Zip	
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
House # Stre City  Description of Debt	et Address DATE DEBT INCURRED [MIVI/DD/YYYY] State Zip	
House # Stre  City  Description of Debt  Name of Creditor	Staddress  DATE DEBT INCURRED  [MINI/DD/AAYY]  State  Code	\$ Outstanding Balance of Debt
House # Stre  City  Description of Debt  Name of Creditor	DATE DEBT INCURRED  [MM/DD/YYYY]  State  Zip  Code  DATE DEBT INCURRED	
House # Stre  City  Description of Debt  Name of Creditor	DATE DEST-INCURRED [VIIV/DD/YYYY]  State  Code	\$ Outstanding Balance of Debt
House # Stre  City  Description of Debt  Name of Creditor  House # Stre	DATE DEBT INCURRED  [MM/DD/YYYY]  State Zip Code  Code  DATE DEBT INCURRED  [MM/DD/YYYY]	Outstanding Balance of Debt
House # Stre  City  Description of Debt  Name of Creditor  House # Stre	DATE DEBT INCURRED  [MM/DD/YYYY]  State Zip Code  Code  DATE DEBT INCURRED  [MM/DD/YYYY]	\$ Outstanding Balance of Debt
House # Stre  City  Description of Debt  Name of Creditor  House # Stre	DATE DEBT INCURRED  [MM/DD/YYYY]  State Zip Code  Code  DATE DEBT INCURRED  [MM/DD/YYYY]	Outstanding Balance of Debt